

WV 038-02 ROMNEY, WV
W.O. 2351 ASSET #7217

~~UNIT DOES NOT EXIST~~

Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER

Please return completed form by mail or fax to Pennsylvania American Water: Fax: 570-341-3296;
Email: paw.cc@amwater.com; or Mail: Attention: Cross Connection Department 2699 Stafford Ave Scranton, PA 18505



PENNSYLVANIA
AMERICAN WATER

LOCATION INFORMATION

Account Number: Premise Number:

Service for:

Service Address 1:

Service Address 2:

Type of Service: ☐ Domestic ☐ Fire ☐ Irrigation Backflow Device Location: ☐ Isolation ☐ Containment

DEVICE INFORMATION

Type of Assembly:

Serial Number: Size:

MFG/Model No: Water Meter No:

TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: _____ Time: _____ a.m. / p.m.	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ Check Valve Held _____ PSID
FINAL TEST Date: _____ Time: _____ a.m. / p.m.	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ Check Valve Held _____ PSID

AIR GAP Measured vertical inches above overflow rim: Supply size diameter:

COMMENTS:

TESTER INFORMATION - INITIAL TEST

☐ Passed ☐ Failed Tester Name (PRINT) Company Phone

Testing Equipment Calibration Date Testing Equipment Serial Number Certification Testing No.

The above report is certified to be true at the time of the test. Signature of tester: Date:

TESTER INFORMATION - FINAL TEST

☐ Passed ☐ Failed Tester Name (PRINT) Company Phone

Testing Equipment Calibration Date Testing Equipment Serial Number Certification Testing No.

The above report is certified to be true at the time of the test. Signature of tester: Date: